



**Spartanburg Association of REALTORS®, Inc.**

225 N. Pine St., P.O. Box 5414  
Spartanburg, South Carolina 29304  
Telephone 864 583-3679 / Fax 864 583-1177  
[www.spartanburgrealtors.com](http://www.spartanburgrealtors.com)

**HOME INSPECTOR, PEST CONTROL OR RADON INSPECTOR/AFFILIATE APPLICATION**

I hereby apply for Affiliate membership in the Spartanburg Association of REALTORS®, Inc. I agree to abide by the Bylaws of the Spartanburg Association of REALTORS®, Inc. and agree to support and promote the ideals of this Association. I agree to pay all established fees as long as I remain a member of this Association. A non-refundable \$125 Primary Affiliate Application Fee and applicable non-refundable dues must be submitted at time of application. I understand that Affiliate Membership with this Association is an individual membership and not a corporate membership.

I hereby submit the following information for your consideration:

**Annual Primary Membership (\$435)**

**Annual Secondary Membership (\$100\* only if primary membership is already established with Association.)**

**CONTACT INFORMATION**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Company Phone: \_\_\_\_\_ Company Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
License # \_\_\_\_\_

**ARE YOU A HOME INSPECTOR OR PEST CONTROL OPERATOR WANTING TO USE A SUPRA AFFLIATE KEY?      Yes      No**

If yes, please include the following with your application:

- Copy of your Driver's License
- Copy of your Home Inspector License, Pest Control Operator License or if Radon Inspector a copy of Certification by National Radon Proficiency Program
- Current Certificate of Liability Insurance and Certificate of Crime Fidelity with minimum of \$5,000.00 Coverage (Certificate must have Spartanburg Association of REALTORS® as Certificate Holder.) See example.

**Are there now, or have there been within the past five years, any complaints against you or the firm you are associated with before any state real estate regulatory agency or any other agency of government?**

**Yes      No      If, yes, please explain: \_\_\_\_\_**

I consent that the Association, through its Executive Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Association by any person in response to the invitation shall be conclusively deemed to be privileged and not the basis of any action by me for slander, libel or defamation of character.

I understand that by providing my mailing address(es), e-mail address(es), telephone number(s), and fax number(s), I consent to receive communications sent from the Spartanburg Association of REALTORS® via mail, e-mail, phone or facsimile at the number(s)/location(s).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I understand as the Primary Affiliate member I agree to notify the Spartanburg Association of REALTORS® immediately should the above Secondary Affiliate member leave my company.

\_\_\_\_\_  
Primary Member Signature (Required for Secondary Membership)

\_\_\_\_\_  
Date



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**Forms of Payment accepted: Check made payable to the Spartanburg Association of REALTORS® or SAR, Visa or Mastercard.**

**Credit Card Authorization Payment Form**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Visa                   MasterCard (Must be Visa or Mastercard, no other debit/credit cards accepted)

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

*I authorize the Spartanburg Association of REALTORS®(SAR) to charge the credit card indicated in this authorization form for the charges listed below. This is NOT an authorization for any scheduled recurring payments. We are not sanctioned to store credit card numbers in this office as this form will dispose credit card information after processing.*

Application Fee: \$ \_\_\_\_\_ Membership Dues: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Cardholder



# EXAMPLE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C. No. Ext):	FAX (A/C. No):
INSURED	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
	<input type="checkbox"/> Broad Form Property Damage						PERSONAL & ADV INJURY	\$
	<input type="checkbox"/> Blanket Contractual						GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> OCCUR							\$
	<input type="checkbox"/> CLAIMS-MADE	<input type="checkbox"/>	<input type="checkbox"/>					\$
	<input type="checkbox"/> DEDUCTIBLE							\$
	<input type="checkbox"/> RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A	<input type="checkbox"/>			E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

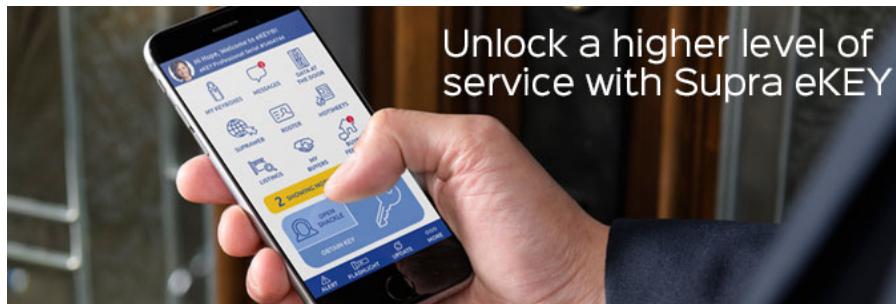
**CERTIFICATE HOLDER****CANCELLATION**

Spartanburg Association of REALTORS 225 N. Pine Street P.O. Box 5414 (29304) Spartanburg, SC 29302	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
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# Supra Affiliate KeyHolder Lease Information

Note: eKEY lease services will be available after you receive a confirmation email from the Association that your application has been processed.



SAR Affiliate Home Inspectors, Pest Control Operators and Radon Inspectors are now eligible to apply for an Affiliate Supra eKEY. Upon completing and providing the necessary documentation and fees, the individual may lease a Supra eKEY (additional fees apply) specifically for Affiliate members.

Before a Home Inspector, Pest Control Operator or Radon Inspector is eligible for a Supra Affiliate eKEY he/she must complete the SAR Affiliate Application process and remit the applicable membership fees. Supra charges a one-time \$50 set up fee and a \$16.50+tax per month for the lease of the Affiliate eKEY. Once set up, Supra will automatically draft the monthly fee using the debit or credit card on file.

Below is an explanation of how the Supra Affiliate eKEY works:

What's so special about an Affiliate eKEY? The Affiliate eKEY will allow the individual to access a particular lockbox upon being provided a CBS (Call Before Showing) code by the Listing agent for that particular keybox.

Every keybox already contains a CBS code. All eKEY listing agents can look up the CBS code of their assigned boxes under 'My Keyboxes.' The ActiveKEY listing agent can look up the CBS Code of their assigned boxes using SupraWEB.



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|--|---|
| <ol style="list-style-type: none"><li>1. On your <b>Android</b> device, select either the Market, Google Play or Play Store Icon.</li><li>2. Select Search and search for Supra eKEY.</li><li>3. Select the Supra eKEY application.</li><li>4. Select INSTALL.</li><li>5. Select OK.</li></ol> | <ol style="list-style-type: none"><li>1. On your <b>iPhone or iPad</b>, select the App Store icon.</li><li>2. Select Search and search for Supra eKEY.</li><li>3. Select the Supra eKEY application.</li><li>4. Select the FREE button and then select INSTALL.</li></ol> |
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